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Recursive Frame Analysis: A Method For Organizing Therapeutic Discourse

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RECURSIVE FRAME ANALYSIS:
A METHOD FOR ORGANIZING THERAPEUTIC DISCOURSE

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A practical method of organizing and understanding discourse in therapy is presented based on four categories of distinctions: (1) orders of framing; (2) markers; (3) content to frame relations; and (4) frame to frame relations. Following a general discussion of recursive frame analysis, two case studies demonstrate its applicability to managing family therapy.

RECURSIVE FRAME ANALYSIS:

A METHOD FOR ORGANIZING THERAPEUTIC DISCOURSE

"The way out is through the door. Why is it that
no one will use this method?"
Confucius

This paper sets forth a precise and concise way of notating the organization of discourse in therapy. Analogous to musical notation, recursive frame analysis enables therapists to immediately visualize the structure, architecture, or anatomy of therapy without engaging in cumbersome theoretical or practical discussions¹. The method is ideal for both post hoc analyses of whole sessions and as a tool for organizing real-time therapeutic participation in an ongoing clinical case. Although recursive frame analysis is principally designed to be a resource for practitioners, it may also contribute to theoretical and research applications. By enabling immediate access to the organization of a therapy session, it provides a general bridge for intersecting the intentions of researcher, practitioner, and theorist.

¹Theoretical and practical discussions that bog down a therapist's understanding and course of action may be caricatured as "epistemobabble" and "pragmababble", respectively.

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In one case, a client began therapy with talk about her struggles with weight control. Frames were presented that gave a history of her failed efforts to successfully manage her weight. The discussion included a specification of how significant others in her life had tried to help her. As Figure One indicates, all these frames were contextualized within the gallery named "weight control."

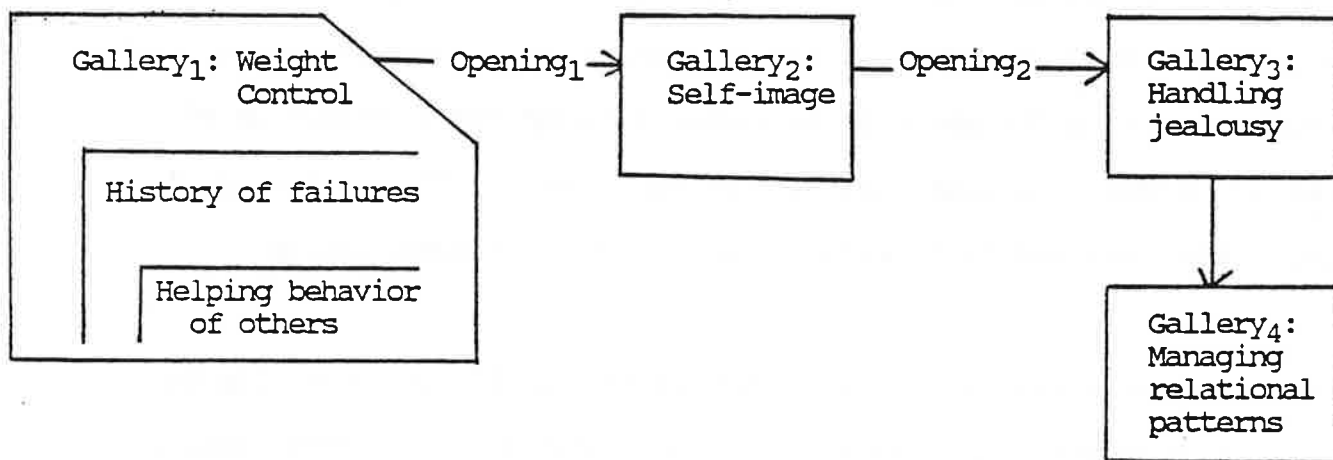


Figure One. Recursive frame analysis of weight control case.

During this conversation, the client uttered the statement, "I wish I didn't care so much about how I look." This statement was an opening (opening₁) to enter another gallery, in this case named "self-image." Discourse in this gallery continued until she uttered the statement, "He can't stand it when other men look at me." This opening (opening₂) shifted therapeutic discourse into the gallery named, "handling jealousy." In this therapeutic gallery, the woman's weight control problem could be understood as an interpersonal resource that contributed to stability of marital interaction. Here the therapist and clients were able to move toward exploration of alternative, more effective ways of managing relational patterns (gallery₄).

The whole case, in terms of RFA, is understood in terms of frames, openings, and galleries. With respect to the notion of embedding, gallery₁ provides an illustration of embedded frames within a gallery. In addition, RFA enables galleries to be seen as

embedded within other galleries. This provides a renewed understanding of the systemic therapist's insight that gallery₁ (weight control) is an individual metaphor for a social relationship ecology (gallery₄).

Other Distinctions of RFA

The previous discussion focused on four basic notions of framing — frame, gallery, opening, and embedding. Other orders of framing easily could be added. For instance, a whole class of galleries might be called a "wing" and a collection of wings, a "museum." A name of a wing could be "psychotherapy" or "family therapy," while the museum it's contained in could be called the entire "mental health profession."

Beyond these orders of framing are other notions of RFA that begin to make more obvious the variety of ways therapists (and clients) construct, deconstruct, relate, and manage frames in therapy. In general there are four categories of RFA distinctions: (1) orders of framing; (2) frame markers; (3) content to frame relations; and (4) frame to frame relations. What follows is an outline of these distinctions. Immediately thereafter is a brief discussion of each distinction with clinical examples.

RFA Distinctions

A. Orders of Framing

1. Frame
2. Gallery
3. Embedding
4. Openings
5. Wing

B. Markers

1. Gallery entrance
2. Gallery exit
3. Frame marker
4. Rim of frame

C. Content to Frame Relations

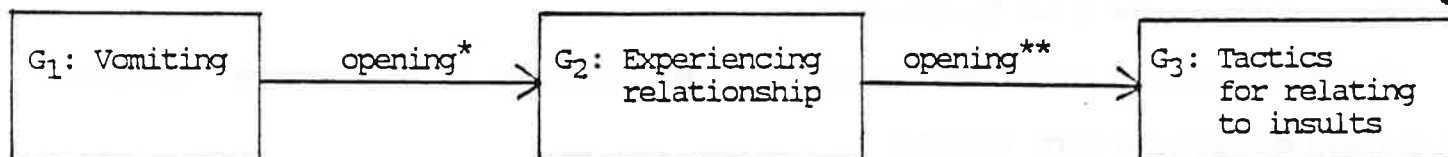
1. Emptying/clearing frame
2. Opening frame
3. Frame destruction
4. Same frame, different events
5. Out-of-frame activity
6. Misframe
7. Frame reversal
8. Splitting/dividing frame

D. Frame to Frame Relations

1. Frame next to frame
2. Connecting frames
 - a. Frame connected to frame
 - b. Frame connected to gallery
 - c. Gallery connected to gallery
3. Disconnecting frames
4. Chunking frames
5. Weaving

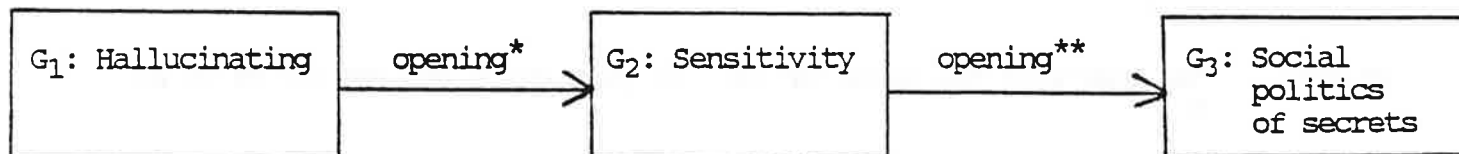
ORDERS OF FRAMING

The previous description of a weight control case exemplified the notions of frame, gallery, opening, and embedding. Other examples follow:



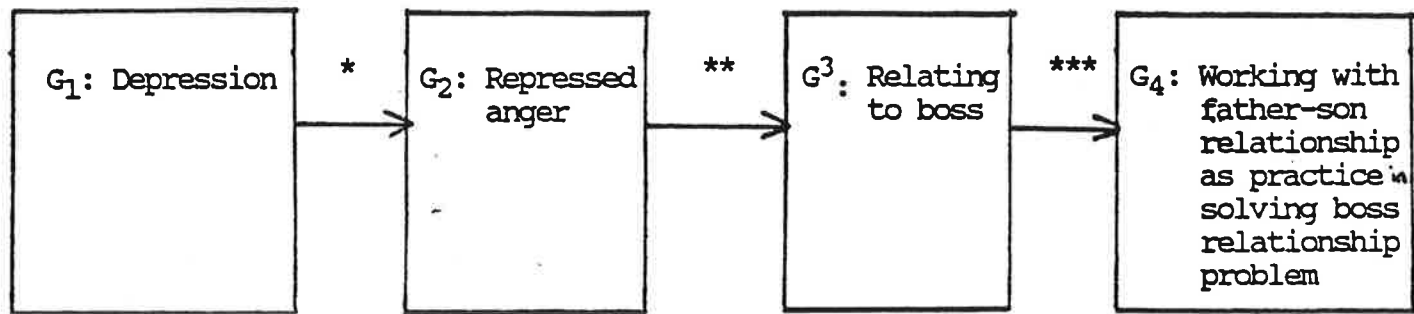
(* "He's always been a pain in the gut.")

(** "I wish I could throw his insults back to him.")



(* "Lots of people have said I'm very sensitive.")

(** "I hear what other people don't want to know.")



(* "I heard on television that depression is repressed anger.")
 (** "The only person I'm angry with is my boss.")
 (***) "My boss is just like my dad.")

MARKERS

Gallery Entrance

Prior to entering a gallery, one can imagine a sign or marker that provides an invitation or specification of direction for entry. When a therapist asks a client, "What's the problem?" an entrance marker is presented that invites the client (and therapist) to enter the gallery named "the problem", where frames may be elicited that define, give historical background, specify attempted solutions, explain, and even diagnose and treat so-called "problems."

Gallery entrance markers may be concrete, ambiguous, or entirely vague. Examples of gallery entrance markers include:

Client: "We need to have a third-party hear about our situation."

Client: "We know what the problem is. We just don't know what to do about it."

Client: "We know what the solution is. We just can't get motivated to do it."

Client: "We'd like to discuss our marriage."

Client: "My doctor said you could tell us how to straighten out our kids."

Therapist: "Let's get some background information on your family histories."

Therapist: "What happened that helped you decide you needed to see a therapist?"

Therapist: "What direction do you want to go?"

The following sequence of questions helps encourage the client to construct gallery entrance markers, particularly at the beginning of a session:

Therapist: "What do we need to know?"

Therapist: "What's the most important thing we need to know?"

Therapist: "What have you left out that we need to know?"

Gallery Exit

Gallery exits indicate that one is about to exhaust, complete, or leave the frames of a gallery. Examples follow:

"There must be something we haven't tried."

"I give up."

"We've tried everything."

"I can't stand to talk about it anymore."

"That's all I know."

"Are we at the end of this discussion?"

"And so you lived miserably ever after?"

"I want out of here."

"Let's move out of this discussion."

"So that's your story so far. Are you ready to go to the next chapter?"

Frame Markers

Some frames in an art gallery have information on or underneath the frame about the artist who painted the picture, such as date, location, orientation, and so on. In therapeutic discourse, frames sometimes are marked with information similarly telling something about the creator. Examples:

"The psychiatrist is the one who said he's a 'borderline.'"

"My sister is a psychic. She always predicted he'd get into trouble."

"The minister, after all, is an expert on spiritual crises."

"In my research with anorectics, the data demonstrates that it's usually a family problem."

"Look, I'm the expert who knows about this."

"Therapists say those sorts of things."

"Family therapists never say those things."

"Systemic therapists say things that even surprise themselves."

"I don't know why I said that, it must have been my unconscious."

Rim of Frame

Following Erving Goffman (1974), the rim of a frame may indicate how the content is to be taken, typically in terms of "real" or "fiction." The rim of a window frame suggests that what is seen through the window is "real", whereas the rim of a picture frame suggests that what is seen in the frame is "fiction." Of course, frame rims may be more complicated, suggesting that the content be taken as reality, fiction, real fiction, fictional reality, ambiguity (real or unreal), sense, confusion, nonsense, sensical nonsense, nonsensical sense, or confusion (sensical or nonsensical).

Examples:

"This isn't a problem - it's a natural, normal difficulty in living with adolescents."

"This isn't a problem - it's just a habit."

"That's the real problem."

"Does all this confusion mix you up?"

"Sometimes I think it's unbelievable."

"It's like being in a movie."

"This is a Western."

"It's Gothic."

"We're in Alice in Wonderland."

"Isn't this ironic?"

"No it's a parody."

"It's really more like realism."

"That's science fiction."

"Let's pretend we're pretending."

CONTENT TO FRAME RELATIONS

The latter RFA categories, "content to frame relations" and "frame to frame relations" specify the wide range of rhetorical moves that therapists usually regard as therapeutic techniques and interventions. These moves provide the means for moving discourse toward a therapeutic gallery and maintaining it.

Emptying/Clearing Frames

Content to frame relations concern the relation of the inside of a frame to the frame itself. The first distinction, "emptying/clearing frames", indicates ways of emptying or clearing the contents of a frame or even a whole gallery. An "etch-a-sketch" provides an analogy³. When a person has completed sketching on this toy there is a simple operation that clears the inside of the frame - you shake it and the lines dissolve. Emptying a frame refers to rhetorical moves that have the same effect of clearing the content of a frame. Examples:

³I'm grateful to Jerry Gale for suggesting this analogy.

"Can you remember a time when you just couldn't remember?"

"Think of something you've never ever thought of before."

"Take three breaths. Now think about which one felt the best - the first, second, or third. Try it again. This time, really remember it."

"Stand up and shake your whole body until your mind is clear."

"Erase and try again." (use hand motion to indicate erasing)

"Do you know about an 'etch a sketch'?...."

Opening Frame

One way to get out of a frame is to spring a leak. Therapists are aware of how clients sometimes change discourse so that effective gatekeeping of information becomes a necessary task. There are times, however, when the therapist may want to purposefully create a leak in a gallery that the client is having a difficult time leaving. Examples:

"Who would say, 'that's not it at all?'"

"What would have to happen to make you doubt what you said?"

"When did you decide to believe that? What did you think before?"

"Everything seems so well laid out. It's like one of those card houses. Can anyone tell me something that will knock down the cards?"

"What's going on with you all that doesn't fit into what you've been telling me?"

"Anything about your situation that contradicts everything you've been telling me?"

"Where's the ejection seat? What could happen that would change your focus?"

Frame Destruction

The meaning of this distinction is obvious: eradication of a whole frame.

Examples:

"Let's torch that explanation."

"Let's throw everything we've just said out the window."

"Now make believe you forgot that you forgot."

"Make believe you forgot that ever happened."

"Forget it!"

"Forget everything we've said."

"Can you see, in your mind's eye, what you would get if you crossed a kangaroo with an orchid?"

Note that the difference between emptying/clearing frames and frame destruction depends on whether one's intention is to eliminate the content of a frame, while maintaining the frame or gallery (emptying/clearing frames) or whether one intends to eliminate the whole frame or gallery (destruction).

Same Frame, Different Events

Using the same frame, different content is provided. Examples:

"Would this explanation apply to anyone else you know?"

"Has this happened to anyone else you know?"

"Does this understanding explain other parts of your life?"

"I've heard that from another family I once treated."

"Did you see that new movie? It's your story."

(To an Ericksonian couple complaining about their sex life): "Tell me how you arrange an evening of dining out." or "Tell me how you go on a vacation together."

Out-of-Frame Activity

Therapists have long known the utility of following an intuition or free association that, at the time, does not seem to connect with the ongoing discourse. For instance, during a conversation with clients, a therapist may interrupt with these rhetorical moves:

"There goes that odd noise again."

"'Go to the other side' - Excuse me, I just remembered what I should have told my last client. "

"Fascinating, I think we're in waltz time."

"Did you see that falling star last night?"

"Do you fish? I was just wondering about this weekend's forecast."

"Damn! I can't get that tune out of my head."

"Did Einstein paint? Never mind, you're probably not ready for that one."

"Did you realize that no one really knows whether Egyptians ever laughed? There's no indication."

"Have you ever had a real belly laugh? Are you sure? Experts say Americans stopped belly laughing after the depression."

"Have you heard of Dr. Mises? He actually counted the number of angels on the head of a pin."

"Do you understand rhetorical juggling? (pause) It doesn't require that you catch it."

A fascinating paper could be written about "the strategic use of a therapist's library, bookshelf, and file cabinet." Pulling a book off a shelf, presenting it to a client and saying, "read this title", is an easy way to shift therapeutic discourse. The title of the book provides the name of a new gallery for the therapist and client to enter. Some favorite published book titles include:

Kicked a Building Lately?
The Ox on the Roof
The Jungle is Neutral
True Tales from the Annals of Crime and Rascality
Sourdough Sagas
Ask the Right Question
I Came From the Stone Age
Blind White Fish in Persia
Come, Tell Me How You Live
No Room in the Ark
The Kitchen Sink Papers: My Life as a Househusband
The Female Man
Is Sex Necessary?
Honor to the Birds Like the Pigeon that Guards Its Grain Under the Olive Tree
Living Well is the Best Revenge
The Mother Knot
The Holy Terrors
The Psychology of Clothes
What the Trees Said
Peacock Manure and Marigolds: A "No-Poison" Guide to a Beautiful Garden
The Autobiography of a Super-Tramp
The Modern Day Fly Code
You Can't Steal First Base
Baseball When the Grass Was Real
Every Great Chess Player Was Once a Beginner
Murder Must Advertise
A Zoo in My Luggage
Am I Too Loud?: A Musical Autobiography
The Bad Popes
A Texas Cowboy, or Fifteen Years on the Hurricane Deck of a Spanish Pony
Silence
You Can't Take it With You
Blackstone's Tricks Anyone Can Do
Learned Pigs and Fireproof Women

Misframe

Misframes involve the deliberate use of erroneous framing that may create openings to other galleries. Examples:

Client: "I don't know what to do with my life."

Therapist: "What have you been doing with your wife?"

Client: "She makes me so angry."

Therapist: "What else does she do to get you sexually aroused?"

Client: "I'm pissed off."

Therapist: "How did you get so turned on?"

Client: "We've been round and round this before."

Therapist: "So you're a couple of squares?"

Client: "She's impossible!"

Therapist: "You're mistaken. The song is actually named, 'It's Impossible.' It was Perry Como's big hit."

Client: "No! No! No!"

Therapist: "Are you interested in Japanese theatre? Don't tell me you don't know that Noh's the name of a kind of Japanese theatre nothing like anything you've seen before. No? Noh? No Noh? No, no Noh?"

Frame Reversal

This rhetorical move makes the content the frame or the frame becomes the content. Stated differently, in Chinese-box like fashion, the inside becomes the outside; or, the outside becomes the inside. Examples:

Client: "I can't make a choice."

Therapist: "When did you decide that?"

Client: "I'm a failure and disappoint everybody."

Therapist: "If you were to successfully achieve a full blown authentic and complete failure, who would be the most pleased?"

Client: "There's no way out."

Therapist: "That's one way out."

Client: "I don't know where to begin."

Therapist: "That's the best place to begin."

Client: "I really hate him!"

Therapist: "Who else do you love hating?"

Client: "I don't want to love him."

Therapist: "Who else do you hate loving?"

Client: "I got framed."

Therapist: "Are you always photogenic?"

Client: "I won't say no."

Therapist: "Congratulations, you just changed."

Client: "I don't have the energy to change."

Therapist: "How much work and energy and motivation and willpower and desire and perseverance and skill and resourcefulness does it take to fight off everyone's efforts to change you?"

Client: "There's no such thing as homeostasis. Everything's always changing."

Therapist: "Do you still believe there's no such thing as homeostasis?"

Client: "Absolutely."

Therapist: "Isn't this 'homeostasis of no homeostasis'?"

Client: "Everything is constructed by an observer."

Therapist: "So that's how it really is?"

Client: "Real is really real!"

Therapist: "Is that how you choose to see it?"

Client: "Good therapy never gives answers; it only asks questions."

Therapist: "Questioning is how you solve it?"

Splitting/Dividing Frames

This rhetorical move is a classic in psychotherapeutic literature. A client's frame is split to bring forth a difference that provides a resource for therapeutic intervention. Examples:

"When during the week are you the least bothered and when are you the most bothered?"

"If you had the anxiety attacks only in the mornings, what would your afternoons and evenings be like?"

"Imagine being secretly married to two people...."

"Who are two people, completely the opposite, that you'd like to be like?"

"Let's discuss the advantages and disadvantages the depression provides."

"How is that advantage a disadvantage? How is that disadvantage an advantage?"

"How would your husband be different if he grew up in your family?"

(to rebellious adolescent) "Imagine you were picked up by a flying saucer and following a speed of light journey to another galaxy, you came back fully enlightened. How would you have to act to assure you wouldn't drive your parents crazy with your new superiority?"

FRAME TO FRAME RELATIONS

This final RFA category concerns the relation of whole frames (content and frame) to other whole frames.

Frame Next to Frame

With this rhetorical move, one does not attempt to open or destroy a frame, or even find a bridge or connection between frames. A different frame (or gallery) is simply set next to another frame (or gallery). Examples:

"Let's not forget this is a _____ (hospital, university, church, business, clinic)."

"Artists/engineers/scientists/judges/politicians have interesting ways of handling their situations."

"This is a weird thought. You know I just realized I've never had a failure with _____ (Buddhists, bikers, rockers, hippies)."

"Did you ever have an intense talk with a stranger on an airplane?"

"If you saw the therapist next door, she'd probably say the opposite."

"We all know what Freud would say."

"What do you think Woody Allen would say we need to be talking about?"

Connecting Frames: Frame to Frame

Here a frame is connected to another frame within the same gallery, as the following examples demonstrate:

Client: "I can't stand him."

Therapist: "When do you find yourself unable to stand him the most?
the least?"

Client: "Everything would be OK if I could become a success at anything."

Therapist: "Do you think your criteria for success will get tougher next year?"

Client: "We're scared."

Therapist: "Who else is scared?"

Client: "I'm too concerned about my daughter."

Therapist: "When did you first know that?"

Connecting Frames: Frame to Gallery

Here a frame is connected to another frame in such a fashion to provide entrance to another gallery, as the following examples demonstrate:

Client: "I can't stand him. (frame within gallery of "who can't stand him")

Therapist: "Who likes him?" (gallery of "who likes him")

Client: "Everything would be OK if I could become a success at anything."
(frame within gallery of "failure")

Therapist: "Can you imagine being so successful, no one would believe it?"
(gallery of "success")

Client: "We're scared." (frame within gallery of "scared")

Therapist: "Who's not scared?" (gallery of "not scared")

Client: "I'm too concerned about my daughter." (frame within gallery of "concern")

Therapist: "Who are you not very concerned with?" (gallery of "no concern")

Connecting Frames: Gallery to Gallery

Frame to frame connections within the same gallery can collectively be used to connect that gallery to another gallery. Examples:

Client: "I can't stand him."

Therapist: "Who likes your brother?"

Client: "My mother."

Therapist: "Are you on good terms
with your dad?"

}
brother
gallery

}
father-son
gallery

Client: "Everything would be OK
if I could become a success
at anything."

Therapist: "Was there ever a time when
you didn't feel that way?"

Client: "When I was with my first wife."

Therapist: "How does it feel when you see
how different your second
marriage is from your first?"

}
success/
failure
gallery

}
marriage
gallery

Client: "We're scared."

Therapist: "Who's not scared?"

Client: "Our teenage son."

Therapist: "Do you think you'll have
trouble accepting his
transition from adolescence
to adulthood?"

}
scared
gallery

}
developmental
gallery

Client:	"I'm too concerned about my daughter."	}	gallery of family concern
Therapist:	"What are you more concerned about?"		
Client:	"Grandfather's retirement."	}	gallery of fathering
Therapist:	"Who in the family is worried about your being a good father?"		

Disconnecting Frames

This rhetorical move disconnects frames by declaring they don't belong to the same gallery. Examples:

"There's absolutely no connection."

"Let's get that disconnected."

"Let's tease that apart."

"It doesn't compute."

"You're comparing peaches and coconuts."

"It's like you live in two different families."

"What if the hospital made a mistake? How do you really know that this is your real kid?"

Chunking

At any time during a therapeutic conversation a therapist (or client) can chunk frames and galleries as belonging to the same domain. Examples:

"What we're talking about is how to get on with your life."

"All that talk is about the past."

"This is just talk."

"That's what you want me to hear. What have you edited?"

"So those are the complaints; what's good about your situation?"

"When do you want to start working?"

"When will you learn to play?"

"Let's do some more information gathering before we discuss a treatment plan."

"We're out of time. Now I know about your conscious understanding. Next week let's explore what your unconscious has to say."

Weaving

The final RFA distinction, "weaving", is the most complex rhetorical move a therapist can use. It involves taking whatever frame a client proposes and utilizing it as further evidence that their conversation belongs within a particular therapeutic gallery. As an exercise, imagine weaving together all the previous frame to frame examples so as to maintain a therapeutic gallery. One way of doing this follows:

It's an interesting situation. If you were to become too successful too soon, you and your wife might feel even more uncomfortable about your present situation. However, if you continue providing your wife with complaints about your career, this gives her an opportunity to demonstrate her concern and support. Your son, on the other hand, is taking steps toward becoming a man, and is practicing not being scared. This also may be helpful to granddad and the rest of the family by showing that a life stage change can be accepted without excess concern. Your daughter, on the other hand, keeps you preoccupied enough to help you not get overly concerned with your career and the rest of the family. She will continue to complain about her brother and mom as long as she senses that you need to be distracted from your other concerns. At this time, I recommend not changing anything too quickly until we can get an even clearer understanding of how this family helps each other out with their concerns about the future.

Stages of Therapy

Recursive frame analysis prescribes a most parsimonious overview of the process of psychotherapy, whether it be understood as family, individual, systemic, or otherwise oriented. In brief, therapy involves three stages which occur in varying sequences and reoccurrences. These stages are articulated as: (1) frame elicitation; (2) constructing a therapeutic gallery; and (3) maintaining a therapeutic gallery.

The first stage is immediately obvious. Whether requested directly or not, clients (and therapists) will set forth frames. These frames are typically contextualized and organized by a gallery that has maintained impoverished experiences for its members. The initial goal of therapy is to elicit frames that will provide an opening out of this stuck gallery and get the therapist and client to a situation where an alternative gallery (i.e., context) may be constructed.

Particular therapeutic galleries are prescribed by different orientations to therapeutic conduct. MRI therapists build an MRI therapeutic gallery within which MRI-style interventions may be prescribed. Structural family therapists require a structural gallery within which to do their work. The same for Milan systemic family therapy, Ericksonian psychotherapy, Whitaker experiential therapy, and so on, ad infinitum.

If the appropriate frames haven't been elicited, a therapeutic gallery can't be built. When first built, the therapeutic gallery can be understood as a primitive structure, with minimal scaffolding. With further conversation in the course of therapy, the clients' frames may be fully utilized to maintain the therapeutic gallery. Here the RFA operation of weaving is most fully practiced. Whether clients present straightforward outcome information, new requests, unusual complaints, off-the-wall utterances, or wild noises, the skilled therapist weaves these frames into new layers of scaffolding, thus maintaining and strengthening the therapeutic gallery.

Therapeutic practice, supervision, training, and consultation therefore become managed by three general questions:

1. Have useful frames been elicited that enable construction of a therapeutic gallery?
2. Has a therapeutic gallery been built?
3. Has the therapeutic gallery been successfully maintained?

Occasionally therapists and clients drown in an overabundance of frames. In such a case the therapist must re-elicit and emphasize frames that he or she wants to utilize to build a gallery and get on with the next stage. For some therapists a primitive gallery has been built, but it leaks to such an extent that therapeutic discourse oscillates between being focused and being all over the place. In this situation the therapist must "plug the leaks" and begin spinning a web that maintains the gallery.

Note that this approach to notating therapy is useful to the practice and understanding of any therapeutic orientation. Schools of therapy are simply special cases for prescribing particular therapeutic galleries and particular interventions and interpretations that help maintain the gallery. RFA, like musical notation, enables a therapist to potentially utilize any genre of therapy, without encouraging a naive effort to "integrate" logically distinct therapeutic orientations. Unsuccessful integrative approaches are forms of nonsense generated by one orientation prescribing frames that create leaks in the therapeutic gallery of the other orientation. Successful integrations result in a therapeutic orientation having no resemblance to the original ingredients - they're the creation of something new.

Having stated the applicability of RFA to any school of therapy, it is still the author's belief that RFA implicitly encourages a therapist to develop an ecosystemic understanding and approach to working with systems. Since it is principally a way of

underscoring the context of therapeutic discourse, it follows that examining contexts and contexts of contexts will lead the therapist more often than not to the sociopolitical organization of the discourse of their clients.

This is another way of saying that an emphasis on context leads again and again to the initial insight of the family therapy field - a person's experience is always a product of her or his social context. The distinction between individuals and families is a less paradigmatic difference than the move to seeing individuals-in-context and families-in-context.⁴

RFA embodies an ecosystemic understanding of discourse. It goes beyond constructivism and the idea that people's perceptions are a consequence of their action. The constructivist would propose that "How you act, is what you see." RFA goes a step further and reminds us that, "How you act is a consequence of whom you're interacting with." Perception is therefore a social event, ranging from simple social groups where an individual interacts with herself to more complex mental systems involving the parts of many people.

⁴The hermeneutics of RFA has been articulated in the author's previous works (Keeney, 1983; Keeney and Ross, 1985; Keeney and Silverstein, 1986).

CLINICAL CASE STUDIES

Two case studies are presented to demonstrate the use of RFA in organizing clinical work. The first is a one-session consultation of a mother and daughter, where the daughter had been in treatment for over a decade for various problems. The second is a RFA of a case that spanned multiple sessions. It demonstrates the application of RFA to the systemic treatment of an individual.

Case Study One: The Waiting Room

The author was invited to serve as a consultant to a family under treatment at the Family Therapy Clinic at Texas Tech University. The therapist, Ron Chenail, indicated in a presession that the presenting problem was a 19 year old daughter who had been seeing doctors and psychotherapists for fifteen years. She was presently undergoing medical assessment for headaches and fainting spells.

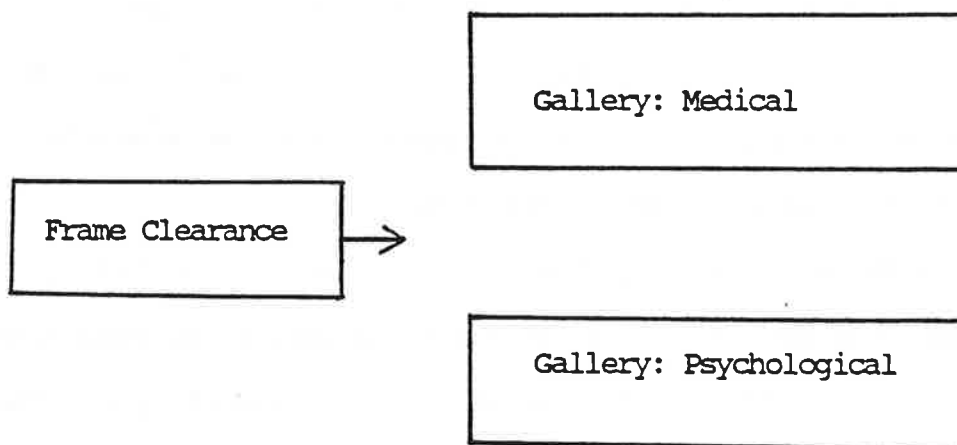
The consultant asked the therapist to begin the session by asking the family, which in this session included the mother and the 19 year old daughter, to explain to the consultant behind the one-way mirror what they thought they were working on. The mother immediately stated, "I don't know...I have no idea what we're working on."

From the perspective of RFA, the beginning question resulted in the operation of frame clearing. The next step was to elicit frames that would point the way to construction of a therapeutic gallery. Accordingly, the question was asked, "Is it medical or psychological?" (splitting frames) The mother responded by presenting frames that built a medical gallery. These frames included a description of the daughter's allergies to almost all conceivable physical substances, headaches in the front of her head (medical) and back of her head (psychological), a 15 year long history of waiting for medical test results, fainting at school, and recent concern

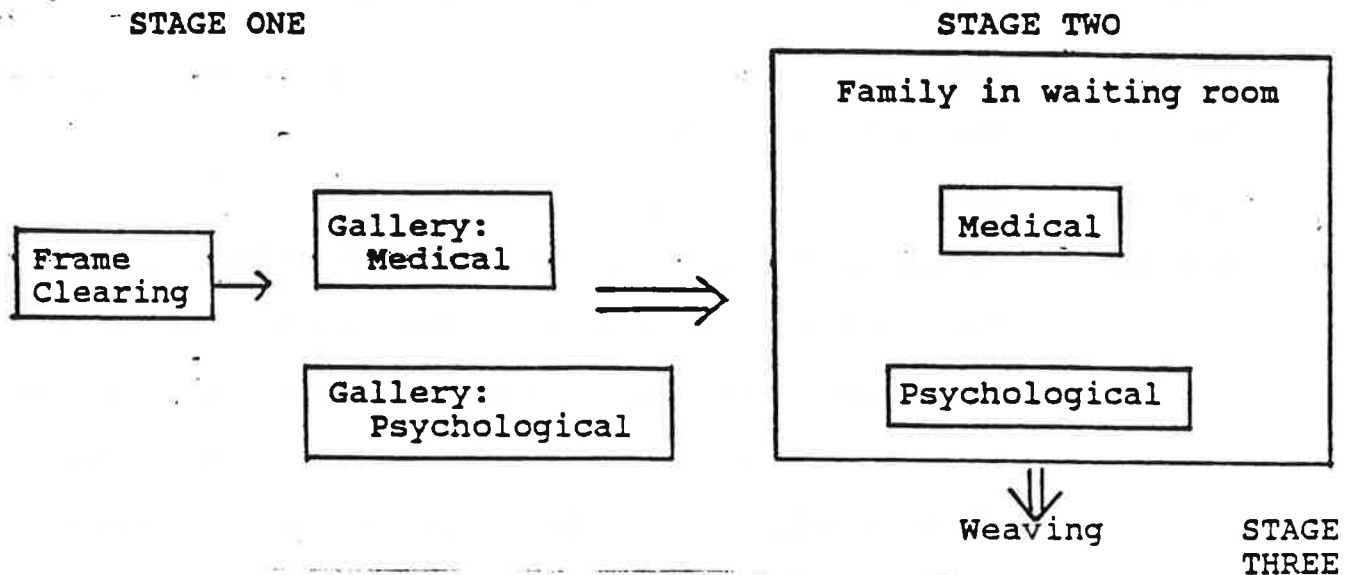
from the Dean of Women Students that her daughter was a drug addict because she took so much medication.

At this point the therapist requested that the mother describe what was "psychological." The mother immediately provided frames that built a psychological gallery saying her daughter was socially unacceptable and immature, severely depressed, had trouble adjusting, making friends, keeping friends, was nervous, a persistent worrier, and cries too much.

At this stage, enough therapeutic frames and galleries had been elicited to make a move toward building a therapeutic gallery. A RFA of the session so far would look as follows:



Note there has been no opening or bridge between the psychological and medical galleries. They are simply placed side by side (a frame to frame operation). Stage two, the construction of a therapeutic gallery was accomplished by chunking these two galleries (see RFA below). Specifically, the therapist declared to the mother and daughter that "the family had been living the last 15 years of their life in a waiting room." The subsequent question to them was, "How long are you willing to wait in the waiting room?" The mother immediately stated, "I'm most impatient! It's time you and all these doctors and therapists gave us some advice."



At this point, stage one (frame elicitation) and the beginning of stage two (construction of a therapeutic gallery) are complete. The consultant entered the room and initiated stage three, the weaving of a web that maintains the therapeutic gallery:

Consultant: I once knew about a family in New York City where the parents were very wealthy and sent their sick daughter to Switzerland, Johns Hopkins, Harvard Medical School, and New York City. She was 36 years old and had been seeing doctors and therapists since she was fourteen (same content, different frame). Finally, the parents became so impatient they told their daughter, "That's it; whatever you have, you have to learn to live with it. Live your life whether you feel like it or not."

Look, as far as these headaches go, I know doctors who are experts on headaches (frame marker) and they suffer from headaches. They tell themselves to get up and go (same content, different frame).

Mother: I know she can live with her headaches, but is she depressed?

Consultant: (to daughter) Did you dress yourself this morning?

Daughter: Yes.

Consultant: Did you fix your own hair?

Daughter: Yes.

Consultant: You see, depressed people can't do these things (frame clearance). They can't even get out of bed. The issue here is how much longer do you, Mom, need in order to get sufficiently impatient -another 5 minutes or 5 years. (to therapist) The solution to this situation will come when Mom and Dad get sick of the doctors. (to mother) This is what Ron means when he says your family life has been in the waiting room (chunking). Does it feel like time has stopped since she was 5 years old?

Mother: Yes. But does she have the social skills to start?

Consultant: Look at her. She's managed to make herself quite attractive. As we've seen here, she's also capable of engaging in a social conversation. Professional social skills training, the sort of thing you'd hire an expert for, is for people who don't know how to tie their own shoestrings (frame clearance).

Mother: I'm worried that she doesn't make friends.

Consultant: (to daughter) If you're stuck in a waiting room, how can you learn to make friends? (gallery to gallery connection).

Mother: Is she really capable?

Consultant: I don't know and you don't know. But we can find out (opening). Tell her to get on with her life.

Mother: I'm worried that she's too lonely.

Consultant: When she's lonely she gets a hold of you, right? (frame to gallery

Consultant: When she's lonely she gets a hold of you, right? (frame to gallery connection)

Mother: Yes.

Consultant: So that helps. But it also blocks her opportunities to socially connect with young adults her own age (gallery to gallery connection). Has she ever rebelled?

Mother: Not really.

Consultant: She needs to rebel. Children must rebel for two reasons. First, it makes the parents angry and they're glad to get them out of the house when it's time for them to leave home (frame reversal). Otherwise, your heart would be broken. I have a four-year old son. When I think about him leaving home it starts to break my heart. Thank heavens my friends tell me that he'll turn into an adolescent nightmare and then I'll be delighted when he has to leave. The other reason rebellion is important is that when your daughter gets upset with you, she'll want to turn to her friends and complain about how terrible parents are. This is how children get socialized (frame reversal).

Consultant: (to therapist) What you need to do is get these two to have an argument. Perhaps they could argue about whether to continue therapy (gallery to wing connection).

The following sketch demonstrates the layers of weaving that took place to maintain the therapeutic gallery:

How much longer until mom and dad get sick enough of the waiting room and say to daughter:

get on with your life

rebellion necessary to:

1. help daughter to connect with friends
2. help parents let go

time stopped since daughter 5 years old

daughter can't make friends
in waiting room

family in waiting room

medical

not depressed

social skills are
evident

psychological

Case Study Two: Helga's Gallery

Following a first session at the Family Therapy Clinic, Texas Tech University, therapists Wendel Ray and Loren Bryant requested consultation from the author. A videotape examination of the first session indicated it was limited to elicitation of frames from a 38 year old woman named Helga. These frames included Helga's weight problem (gaining up to 300 lbs.); her marriage to a "sexual deviant" who dressed up like a woman, had a drug problem and was an officer in charge of drug rehabilitation for a military base; her efforts to hide from people; wearing dark glasses to avoid social contact; entering buildings from back doors; auditory hallucinations of people criticizing her; hospitalization for 3 months; a series of problem relationships with men which brought her to therapy along with a fear of going crazy; present involvement in an affair with a married fundamentalist minister; history of having access to "little, short, men creatures"; a description of herself as "very artistically inclined; and that her paintings and sculptures are presently placed in a hospital showcase.

Session two began with a single request for a frame, "Do you consider these men that you get involved with as crazy as you?" (frame next to frame) Helga proposed they were crazier than her and that all her relationships had been crazy. With this frame elicitation in hand, the first scaffolding of an alternative gallery was built, linking the frame of her crazy relationships with men to the frame of her fear of going crazy (a frame to frame connection):

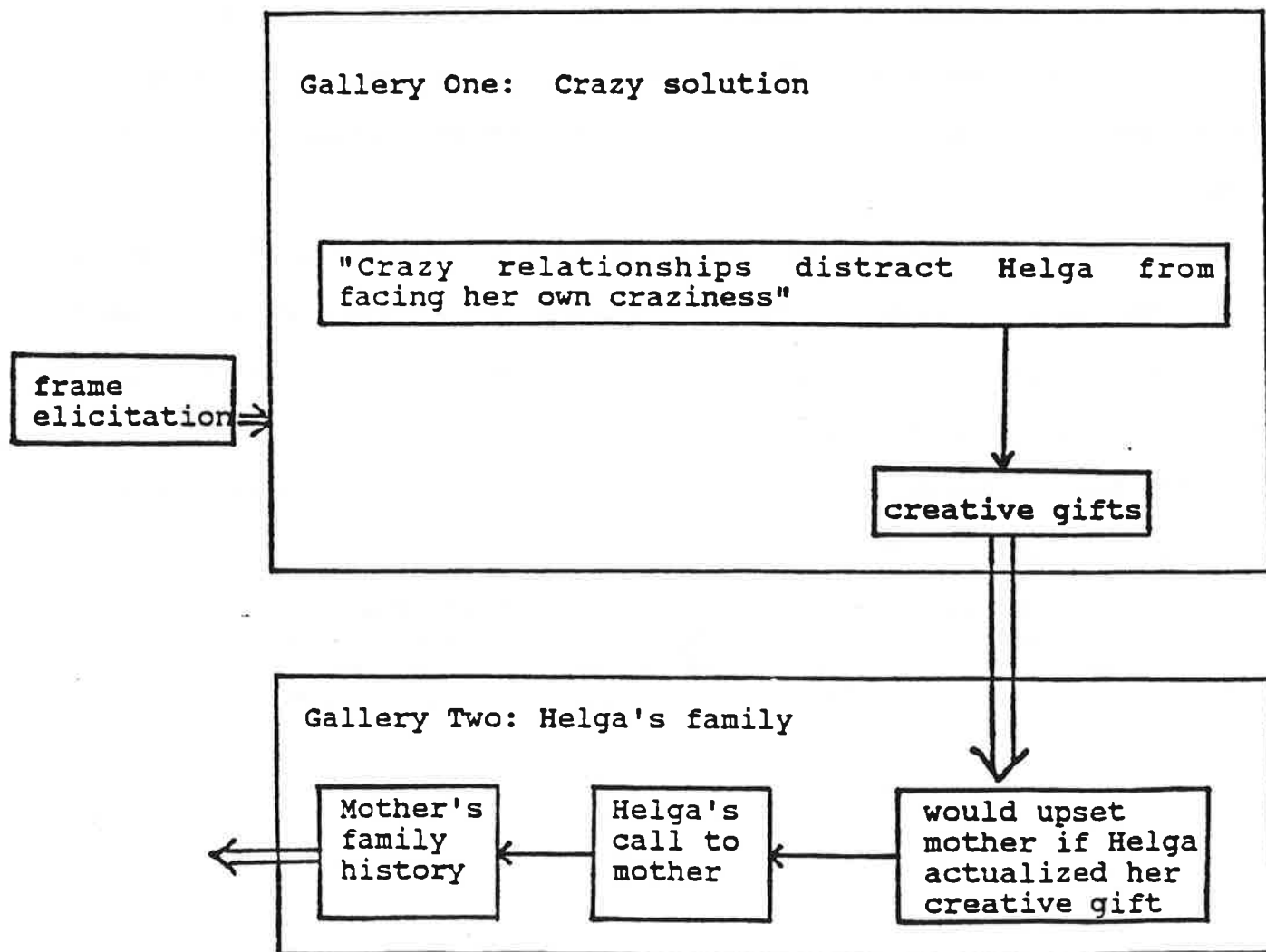
"you came to us saying your immediate problem was with these crazy relationships. We're beginning to think that these crazy relationships provide a partial solution for you in that they keep you distracted from facing what you called the crazy parts of yourself."

With this gallery, every time Helga began complaining about the men in her life, the therapists would interrupt and tell her to continue doing this, for it helps distract

her from facing herself (frame to gallery connections).

With this gallery in place, Helga was asked how it was that her craziness had become something frightening for her rather than a creative resource for artistic expression (frame reversal). Following that question she began speaking of her craziness as a "creative gift." This provided an opening to another gallery by posing the question, "If you were to fully develop this creative gift, who do you know that would be most upset?" (frame to gallery connection) She indicated that her mother would be most upset. This moved the therapeutic discourse into the gallery of Helga's family.

The case can now be mapped in terms of RFA as follows:



In the gallery of Helga's family, the next frame elicited described Helga's frequent phone calls to her mother complaining about her crazy relationships with men. Other frames included an announcement that Helga was the last survivor of her Mom's family, since Helga's mother had lost all her friends and family in the Nazi gas chambers. These frames were utilized to create the following gallery:-

At first we thought these crazy relationships distracted you from facing your own craziness. Now that we have broadened our view to see you in your family, we have another idea. Talking about your crazy relationships to your mother helps distract your mother
(gallery to gallery connection). Distract her from what?

Distract her and protect her from getting too much hope. The last time your mother had a lot of hope for her family, her heart was broken (frame reversal). She lost everyone she loved. She can't afford to be that hopeful again. If you keep complaining about these men she won't be able to get very hopeful. This protects her from having to be heartbroken again.

With this presentation Helga began weeping and said, "I wondered when you'd get there and discover it." An assignment was given for Helga to visit her Mother who lived 400 miles away in Houston. She was to act as if she was going to Houston to sell some of her paintings to a gallery and arrange to have lunch with her Mother. At lunch she was to show her Mother two paintings - one that was "very hopeful" and the other "not hopeful" (frame splitting) so as to observe how her mother reacted in the face of hope (same frame, different events).

At the next session Helga reported that although she wasn't able to visit her mother, she had called her on the phone and had thought about the assignment all week. She indicated her fear of her mother dying and said she couldn't stand to see anyone old. We asked Helga, "Are you like your Mother?" (out-of-frame request) "Identical, like this image in the mirror", she reported. We asked her how this connected to what we had been saying and she set forth frames about her childhood, saying her mother would often threaten to leave her and that she always pried into her affairs saying

she would never amount to anything.

With these frames the following weaving took place and an assignment was prescribed:

You and your mother are similar in that you both fear your heart being broken by other people leaving you (chunking). Your mother's heart was broken when almost everyone she loved left her in the gas chambers. You relived your mom's fears as a little girl when you feared your mother leaving you. And now you get involved in crazy relationships where you fear those men leaving you.

We want you to call your mother and tell her you had a dream you can't get out of your head. Tell her the dream had three parts. In the beginning you saw a little girl holding on to her mother, afraid she would leave. And you heard a voice say, "You can't afford to have hope." The scene faded and then another image came. You see yourself as a young woman, much as you are now, holding on to men, afraid they will leave, and you hear a voice say, "You can't afford to have hope." The scene changes and you see a different woman who is trying to hold on to everyone she loves, only to lose them to a Nazi death camp. And you realize that in this part of the dream you are your mother. And the dream ends with a voice saying, "Your mother must teach you how to have hope." (frame reversal)

We'll write this out for you so you can clearly say it to your mother.

The next session began with Helga describing her call to her mother. She said her mother was completely stunned and could barely say a word, something she had never experienced with her mother. She knew she had "hit a nerve."

Helga mentioned that after she told her mother about the assigned dream, she told her about a real crazy dream she had for several years. She dreamed there was a wishing well and her mother, who can't swim, looked into the well to see what was there. Her mother then fell in and died.

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